

Abstract 276**TITLE:** Gender Roles and Harm Reduction Among Drug-Using Women**AUTHORS:** Mulia, Nina Univ. of California, San Francisco

OBJECTIVES: This presentation explores how individual-level and larger Cultural contexts interact in shaping women's understanding of, and responses to, HIV risk. It will focus on gendered roles and experiences, examining how women's values, expectations and obligations can both interfere with and facilitate personal and group harm reduction strategies which they employ.

METHODS: Project Access conducted qualitative in-depth interviews with 54 drug-using women from three counties in the San Francisco Bay Area. Participants were recruited from field settings such as street-based HIV C&T sites, needle exchange sites, and other community-based program Sites Serving drug users. The data presented here are from a small sub-sample of the women interviewed in the latter half of 1998, including injecting drug users (IDUs), crack users, and sex workers.

RESULTS: Three recurring concerns among the women include mothering, care taking, and relationships with male sexual partners. These concerns are in many ways consistent with dominant, mainstream ideas about women's obligations and roles. Ensuring the welfare of children, and to some extent caring for male partners, play a significant role in motivating women to engage in personal harm reduction through HIV testing, safer drug use and sexual behavior, and recovery from drug use. Women's care taking roles also are often instrumental in extending harm reduction to others, through peer education and distribution of new syringes and condoms to peers. While dominant ideas about womanhood are consistent with these risk-reducing practices, they can also serve as barriers. This is seen in how women integrate notions of fidelity into their relationships with men. Some women engage in safer, alternative Sexual practices in order to maintain "fidelity" to their main (male) partner. However, other women link fidelity with trust and support of their partner, and this constrains their attempt to assert their own needs and safety. These cultural dictates are in opposition to individual needs for self-care and protection.

CONCLUSIONS: Because individual thought and action arise in relation to surrounding conditions, personal histories, and collective values and meanings, health behavior must be contextualized. In this study, gender roles for women were seen as both facilitators and impediments to harm reduction practices, HIV prevention should address gender norms in order to gain greater effectiveness in reducing risk.

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